

Undergraduate Medical Education

Student Professionalism Policy

Student Conduct Component: Policy #SC-02 v5

Supersedes: Policy #SC-02 v4

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1.0 Background

- 1.1. The School of Medicine at Queen's University holds the values of professionalism as core obligations to patients, students, the healthcare community, and society at large. The achievement of the professionalism competencies found in the UGME Curricular Goals and Competency-Based Objectives are a necessary requirement for the granting of a Queen's MD degree. It is recognized that in rare circumstances behavior may be considered incompatible with continued education towards a future career in medicine and thereby precludes the granting of an MD Degree.

2.0 Scope

- 2.1. This policy applies to all students upon acceptance to the School of Medicine at Queen's University and includes:
 - 2.1.1. All educational settings, including classrooms, field placements and examinations.
 - 2.1.2. All clinical settings that are part of the learning program including, but not limited to hospitals, clinics, community health centres and ambulatory settings.
 - 2.1.3. Conduct that has a real and substantial connection to the legitimate interests of the School of Medicine and/or the members of the School of Medicine. These interests may include, but are not limited to, the operation, administration and reputation of the School of Medicine and its members.

2.1.4. Electronic communication.

2.1.5. Any time a student is identified as a medical student.

2.2. Guiding Principles

2.2.1. A profession is defined as follows:

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.”¹

2.3. In evaluating the behaviour of students who are studying to enter the profession of medicine, this policy will be guided by the standards of conduct expected of the profession, including but not limited to:

2.3.1. The UGME Curricular Goals and Competency-Based Objectives

2.3.2. The CMA Code of Ethics

2.3.3. The College of Physician and Surgeons of Ontario Practice Guide

2.3.4. The Queen’s University Student Code of Conduct

2.3.5. The Codes of Conduct of the Queen’s University Teaching Hospitals

2.3.6. Queen’s University Policies on Academic Integrity

3.0 Classification of Concerns Regarding Professional Behaviour

3.1. Incidents that raise concern about professional behaviour will be classified into the following levels of increasing severity.

3.2. In assessing harm, consideration will be given to all forms of potential or actual harm, including harm to reputation.

¹ Cruess SR, Johnston S, Cruess RL. (2004). "Profession": a working definition for medical educators. *Teach Learn Med.* Winter; 16(1):74-6.

3.3. **Level I**

- 3.3.1. First professionalism concern *and*
- 3.3.2. No or very minor direct or indirect past or ongoing harm to others (faculty, other students, patients, the public or institutions)*and*
- 3.3.3. Student acknowledges and accepts responsibility for incident *and*
- 3.3.4. Potential to be remediated with, but not limited to, education, apology and/or reflection

3.4. **Level II**

- 3.4.1. Previous Level I concern or does not meet criteria for Level I, III or IV *and/or*
- 3.4.2. Minor direct or indirect past or ongoing harm to others (faculty, other students, patients, the public or institutions). Includes reputational harm *and*
- 3.4.3. Student has insight into the concerns raised by the incident *and*
- 3.4.4. Potential for remediation through, but not limited to, education, apology, reflection, and/or formal course of study

3.5. **Level III**

- 3.5.1. Previous Level I or II concern(s) or does not meet criteria for Level I or II or IV *and/or*
- 3.5.2. Significant, or potential for significant, direct or indirect past or ongoing harm to others (faculty, other students, patients, the public or institutions) *and/or*
- 3.5.3. Student may show limited insight into the concerns raised by the incident *and*
- 3.5.4. Potential for remediation through a formal program and reassessment.

3.6. **Level IV**

- 3.6.1. Any one of:
 - Multiple previous professionalism concerns raised or did not successfully remediate previous concerns of professionalism *and/or*
 - Egregious, or potential for egregious, harm to others (faculty, other students, patients, the public or institutions) *and/or*
 - Behaviour inconsistent with a future career in medicine *and/or*
 - Multiple previous professionalism concerns raised or did not successfully remediate previous concerns of professionalism *and/or*
 - Egregious, or potential for egregious, harm to others (faculty, other students, patients, the public or institutions) *and/or*
 - Behaviour inconsistent with a future career in medicine

3.7. Exemplary professional behaviour

3.7.1. Exemplary professional behavior is exhibiting an exceptional commitment to the principles of medical professionalism that is recognized by peers, patients, instructors, healthcare team members or members of the wider University community.

4.0 Procedures

4.1. Exemplary Behaviour

4.1.1. Incidents of exemplary student professional behaviour will be submitted in writing for consideration by the Associate Dean, UGME.

4.2. Professionalism Concerns

4.2.1. Reports of professionalism concerns may be received by the Office of Undergraduate Medical Education (“UGME”) by way of:

- A report from a Curricular Leader
- A communication to the UGME by faculty or other students
- A report from the community, a hospital or other agency
- Any other means

4.2.2. Information about the concern is then gathered by UGME Staff (usually the Secretary of the Professional Advisory Committee (“PAC”)) and provided to the Assistant Dean, Academic Affairs and Programmatic Quality Assurance for review and determination if additional information is needed.

4.2.3. If additional information is needed from the affected student(s), the Associate Dean, UGME and/or the Assistant Dean, Assistant Dean, Academic Affairs and Programmatic Quality Assurance or delegates may elect to meet with the student(s) or obtain additional information by other means.

4.3. Disposition

4.3.1. If the Associate Dean, UGME and/or the Assistant Dean, Academic Affairs and Programmatic Quality Assurance and Programmatic Quality Assurance determines that there are no grounds to continue, then the matter is closed.

4.3.2. The Associate Dean, UGME and/or the Assistant Dean, Academic Affairs and Programmatic Quality Assurance may determine, in consultation with each other, that the

matter is suitable for alternative resolution as a Level I concern or will be referred to the PAC for consideration in accordance with this policy and the PAC Terms of Reference.

4.3.3. Alternative Resolution for Level I Concerns

- Level I concerns may be resolved by the Associate Dean UGME or Assistant Dean, Academic Affairs and Programmatic Quality Assurance without referral to the PAC provided the involved student accepts the proposed outcome.
- All incidents that are not eligible for alternative resolution by the Associate Dean, UGME or Assistant Dean, Academic Affairs as a Level I concern, or where a student is not accepting of a proposed outcome by the Associate or Assistant Dean of a Level I concern, will be referred to the PAC for consideration in accordance with this policy and the PAC Terms of Reference.
- Incidents that are resolved as Level I concerns will be documented and communicated to the involved student but are not noted on the MSPR and carry no burden of disclosure by the student unless new issues, either different concerns and/or additional information about the initial concern, arise during the student's time in the MD Program. They are documented in the student file solely for reference in the event that further concerns and/or additional information comes to light.

4.4. Outcomes

4.4.1. Exemplary professional behavior is brought to the attention of the Associate Dean, UGME who decides on an appropriate form of recognition.

4.4.2. Outcomes of lapses in professionalism will take into account the following:

- The Level at which the lapse is classified
- History of previous lapses of professional behavior by the student
- The level of responsibility shown by the student
- Extenuating and mitigating circumstances

4.4.3. Level I to III professionalism lapses are viewed first as an opportunity for education and remediation. The intent is to provide opportunities for students to become conscious of their professional obligations and learn how to alter their behaviour accordingly. Whenever possible, consequences should reflect this intent.

- 4.4.4. The PAC will recommend classification and outcomes of professionalism lapses to the P&P Committee for final determination.
- 4.4.5. Level IV Lapses will be seen as incompatible with a future career in medicine and will result in the student being required to withdraw from the MD Program and being ineligible for an MD Degree.
- 4.4.6. The recommendation(s) of the PAC will be communicated to the Progress & Promotions (P&P) Committee in writing. The student will be given a copy of the recommendations in writing. Students will then be invited to provide response to the P&P Committee for its further consideration.